



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: WWW.DPR.DELAWARE.GOV

## **BOARD OF FUNERAL SERVICES**

### **APPLICATION FOR APPROVAL OF CONTINUING EDUCATION PROGRAM OF STUDY**

Name of Institution, Association, Professional Society or Organization: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Program Director: \_\_\_\_\_ Title: \_\_\_\_\_

Education: \_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_

Title of Program: \_\_\_\_\_

Purpose of Program: \_\_\_\_\_

Admission Requirements for Participants: \_\_\_\_\_

Date(s) Offered: \_\_\_\_\_

Location Offered: \_\_\_\_\_

Method of Instruction: \_\_\_\_\_

Type of Program (Degree, Continuing Education, Credit, Non-Credit): \_\_\_\_\_

Number of Hours of Continuing Education Credit Requested: \_\_\_\_\_ ATTACH DETAILED AGENDA.

LIST INSTRUCTORS AND ATTACH CURRICULUM VITAE:

Instructor Name	Title	Major Field of Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has this program been approved by the Academy of Funeral Service Practitioners? Yes\_\_\_\_ No\_\_\_\_  
If Yes, please attach proof of approval.

PLEASE RETURN APPLICATION AND ACCOMPANYING DOCUMENTATION TO:

**Board of Funeral Services  
Cannon Building, Suite 203  
861 Silver Lake Blvd.  
Dover DE 19904**

\_\_\_\_\_  
**DO NOT WRITE BELOW THIS LINE**

Approved\_\_\_\_\_ Date of Approval\_\_\_\_\_ Number of Hours\_\_\_\_\_

The above request was not approved/tabled for the following reason(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_